

# UNEMPLOYMENT BENEFITS APPLICATION INSTRUCTION SHEET

## To speed the processing of your application:

- Follow these instructions carefully
- Fill out both sides of the application
- Use black ink and print clearly
- Do not write in shaded areas
- Before mailing, double-check your application to be sure all requested information is included
- Sign and date your application
- Always include your printed name, signature, Social Security number, and date on each sheet you submit
- Remove, complete and mail only *Application for Unemployment Benefits* on pages 3 and 4. If you are a non-citizen, also remove, complete and mail *Alien Consent of Disclosure* (UC 1509-M) on page 6. If you were employed by the federal government include a copy of your Form DD 214-Member 4 copy (military), SF-8 or SF-50 (civilian). **Do not return this instruction page with your benefit application.**
- Mail immediately. If not received by the Bureau by the Friday following the week containing your last day of work, your claim will be effective with the week in which it is received. Allow 5 days for delivery.

Additional information to help you complete some of the items on the  
Application for Unemployment Benefits  
is provided on page 2 of this Application Instruction Sheet.

Send your completed new claim application with any required copies to:

**P.O. Box 5050  
Saginaw, MI  
48605-5050**

Refer to the matching numbered items found on the application on pages 3 and 4.

- 21. Alien/Non-Citizen** – If you are not a citizen or national of the United States, you must complete *Alien Consent of Disclosure* (Form UC 1509-M) on page 6 of this application **and** include a copy of the front and back of your INS documentation with your application. Failure to return these forms will delay the processing of your claim. Common documents provided by INS to aliens are:

Form I-1551 .....	Permanent Resident Card or Resident Alien Card
Forms I-766, I-688A, or I-688B .....	Employment Authorization Document
Form I-94 .....	Arrival Departure Record
Form I797A .....	Notice of Action and/or Receipt
Form I-688 .....	Temporary Resident Card
Passport/VISA with INS stamp	

Failure to reveal non-citizenship or unauthorized work status may result in an overpayment of benefits. You will be required to repay those benefits. In addition, if the Bureau determines you were overpaid due to fraudulent withholding of material information, you will be subject to penalty of fine, and/or imprisonment, and/or community service. The fine can be as high as 4 times the amount of the improperly paid benefits.

**30. Federal Employment and Military Service**

- > If you were in the military service during the past 18 months, you may be able to use this service to qualify for benefits. Send a copy of your **Form DD 214-Member 4**, with your application. This form is issued by the military at the time of discharge. Failure to include this form will delay claim processing.
- > If you were employed by the federal government as a civilian, you should have received a **Standard Form 8** (SF-8) and **Standard Form 50** (SF-50) from your employer. If you have these forms, send a copy showing your Social Security number with your application. Failure to include these forms may delay the processing of your claim. If you worked outside Michigan, include the **full** address of your work location and the payroll address (if different from the work location).

- 32. thru 44c. Work History** – This is very important information. **List all jobs you have had in the last 18 months.** The form provides space for information about your two most recent employers. If you worked for more than two employers, include the same information about each employer on a separate sheet showing your Social Security number and send it with your completed application.

- 44a. Work Registration** – To be eligible for unemployment benefits, you must register for work if you do not have a definite return to work date within 120 days from your last day worked. Refer to the top of page 6 of this application, and follow the instructions carefully.

- 47. Certification** – Please read this section carefully and sign the form. **Unsigned applications will be returned.**

Allow 5 days for your application to reach us through the mail. If you are filing a new claim, a Monetary Determination (Form UC 1575C) will be mailed to you. The monetary determination shows your potential weekly benefit amount and number of weeks of benefits. However, even though you could receive these benefits, you still must be eligible and qualified for benefits on all other bases, as well. Under a separate mailing, a booklet, *Unemployment Benefits in Michigan* (Form UC 1901), will be mailed to you. This booklet explains your benefit rights and responsibilities and gives instructions on how to use Michigan's Automated Response Voice Interactive Network (MARVIN) to certify for weeks of unemployment and receive a benefit check. **Read it carefully and keep it for reference.** If you do not receive a booklet in about 3 weeks, contact Claimant Customer Relations.

If you are filing an additional claim to a benefit year already established, you will not receive another booklet. Refer to the booklet previously issued for your MARVIN call-in time.

Send your completed new claim application with copies of any other documents required to:

**P.O. Box 5050  
Saginaw, MI  
48605-5050**

**Contact Claimant Customer Relations at 1-800-638-3995  
Monday thru Friday 8:00 a.m. - 5:00 p.m.**

**For TTY purposes only: (866) 366-0004 (Do not call this number for information)**

PLEASE PRINT CLEARLY – USE BLACK INK  
DO NOT WRITE IN SHADED AREAS



State of Michigan  
Department of Consumer & Industry Services  
BUREAU OF WORKERS' & UNEMPLOYMENT COMPENSATION



**APPLICATION FOR UNEMPLOYMENT BENEFITS**

Completion of this form is required to qualify for benefits.

UC OFFICE \_\_\_\_\_

☐ Check this box if your name or address  
has changed since your last claim.

1. YOUR SOCIAL SECURITY NUMBER		2. ADD'L. SOCIAL SECURITY NUMBER		3. YOUR LAST NAME		4. YOUR FIRST NAME		5. Initial																	
6. YOUR BIRTH DATE		7. YOUR MAILING ADDRESS			8. YOUR CITY		9. STATE	10. ZIP CODE																	
11. COUNTY		12. AREA CODE and TELEPHONE NO.	13. YEARS OF SCHOOL YOU COMPLETED	14. YOUR SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	15. ADDITIONAL NAME WORKED UNDER (INCLUDE MAIDEN NAME) IN LAST 18 MONTHS																				
<b>16. To claim a person(s) as a dependent you must have provided more than half the cost of his or her support for at least 90 days immediately before the first week of your new claim. If the relationship has existed less than 90 days, the person must have received more than half the cost of his or her support from you for the duration of the marital or parental relationship. A person may be claimed as a dependent by only one claimant for unemployment benefits at a time. Persons you may claim as dependents considered by age and relationship:</b> <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>AGE OF DEPENDENT</th><th>RELATIONSHIP TO YOU</th><th>AGE OF DEPENDENT</th><th>RELATIONSHIP TO YOU</th></tr></thead><tbody><tr><td>Any Age</td><td>Your spouse</td><td>Over age 18 if physically or mentally infirm and unable to work</td><td>Your child, grandchild, adopted child, stepchild, orphaned brother or sister, mother or father</td></tr><tr><td>Under Age 18</td><td>Your child, grandchild, adopted child, stepchild, orphaned brother or sister</td><td>Over age 65</td><td>Your mother or father</td></tr><tr><td>Over Age 18, and Under Age 22 if Full-time Student</td><td>Your child, grandchild, adopted child, stepchild, orphaned brother or sister</td><td></td><td></td></tr></tbody></table>							AGE OF DEPENDENT	RELATIONSHIP TO YOU	AGE OF DEPENDENT	RELATIONSHIP TO YOU	Any Age	Your spouse	Over age 18 if physically or mentally infirm and unable to work	Your child, grandchild, adopted child, stepchild, orphaned brother or sister, mother or father	Under Age 18	Your child, grandchild, adopted child, stepchild, orphaned brother or sister	Over age 65	Your mother or father	Over Age 18, and Under Age 22 if Full-time Student	Your child, grandchild, adopted child, stepchild, orphaned brother or sister			<b>17. ENTER YOUR DRIVER LICENSE OR STATE ID NUMBER.</b>	<b>18. STATE ISSUED BY:</b> <input type="checkbox"/> Michigan <input type="checkbox"/> Other _____	
							AGE OF DEPENDENT	RELATIONSHIP TO YOU	AGE OF DEPENDENT	RELATIONSHIP TO YOU															
Any Age	Your spouse	Over age 18 if physically or mentally infirm and unable to work	Your child, grandchild, adopted child, stepchild, orphaned brother or sister, mother or father																						
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Enter the <b>TOTAL</b> dependents you are claiming in the box below. Do not claim yourself. <b>No. of Dependents</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>																									
<b>19. DO YOU WANT FEDERAL AND MI STATE TAXES WITHHELD?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES," NUMBER OF TAX EXEMPTIONS _____		<b>21. ARE YOU A CITIZEN OR NATIONAL OF THE UNITED STATES?</b> ..... YES <input type="checkbox"/> NO <input type="checkbox"/> IF "NO", A COPY OF YOUR INS DOCUMENT IS REQUIRED. SEE INSTRUCTION SHEET.			<b>23. (Optional) ARE YOU HISPANIC OR LATINO?</b> .... YES <input type="checkbox"/> NO <input type="checkbox"/>																				
<b>20. ARE YOU WORKING FULL-TIME THIS WEEK?</b> ..... YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>22. IF YOU ARE NOT A CITIZEN OR NATIONAL, ARE YOU IN SATISFACTORY IMMIGRATION STATUS?</b> ..... YES <input type="checkbox"/> NO <input type="checkbox"/> <b>WHAT IS YOUR ALIEN REGISTRATION NUMBER AND EXPIRATION DATE?</b> _____ / _____			<b>24. (Optional) IN ADDITION TO ITEM 23, ARE YOU:</b> Please check one: <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> Native American Indian or Alaskan Native																				
<b>25. ARE YOU ATTENDING A SCHOOL OR COLLEGE?</b> ... YES <input type="checkbox"/> NO <input type="checkbox"/> DAYS YOU ATTEND (S M T W TH F SA): _____ WEEKLY HOURS AM : _____ WEEKLY HOURS PM : _____		<b>26. WERE YOU HOSPITALIZED OR UNABLE TO WORK 14 DAYS OR MORE BECAUSE OF ILLNESS OR INJURY DURING THE PAST THREE YEARS? IF "YES," GIVE DATES.</b> YES <input type="checkbox"/> NO <input type="checkbox"/> FROM _____ THROUGH _____			<b>27. DID YOU PERFORM SERVICES AS A PROFESSIONAL ATHLETE IN THE PAST 18 MONTHS?</b> ..... YES <input type="checkbox"/> NO <input type="checkbox"/>																				
<b>28. WERE YOU PAID GROSS WAGES OF AT LEAST \$1,810 WITH ALL EMPLOYERS SINCE FILING YOUR LAST NEW CLAIM?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>  <b>IF "NO," ENTER YOUR GROSS EARNINGS WITH ALL EMPLOYERS SINCE FILING YOUR LAST NEW CLAIM.</b> \$ _____ (Approximate)		<b>29. IF YOU RECEIVE, OR APPLIED FOR, RETIREMENT BENEFITS INDICATE:</b> RETIREMENT EFFECTIVE DATE _____ MONTHLY AMOUNT: \$ _____ LUMP SUM AMOUNT \$ _____ RECEIPT DATE OF FIRST RETIREMENT CHECK: _____ BUSINESS NAME: _____ ARE YOU RECEIVING OR WILL RECEIVE RETIREMENT BENEFITS FROM MORE THAN ONE EMPLOYER. .... YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES," INCLUDE THIS INFORMATION AND YOUR SOCIAL SECURITY NUMBER ON A SEPARATE SHEET.			<b>CHECK BOX:</b> <input type="checkbox"/> DID NOT CONTRIBUTE <input type="checkbox"/> CONTRIBUTED LESS THAN ONE-HALF THE COST <input type="checkbox"/> CONTRIBUTED HALF OR MORE OF THE COST																				
<b>30. DURING THE LAST 18 MONTHS:</b> A. WERE YOU EMPLOYED BY THE FEDERAL GOVERNMENT (EITHER CIVILIAN EMPLOYMENT OR MILITARY SERVICE)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, A COPY OF FORM DD 214-MEMBER 4 COPY, OR SF-8 & SF-50 ARE REQUIRED. SEE INSTRUCTION SHEET 1. MILITARY SERVICE? ..... YES <input type="checkbox"/> NO <input type="checkbox"/> ACTIVE DUTY DATES: FROM _____ TO _____ 2. CIVILIAN EMPLOYMENT? ..... YES <input type="checkbox"/> NO <input type="checkbox"/> DATES: FROM _____ TO _____ B. DID YOU FILE AN UNEMPLOYMENT CLAIM AGAINST, OR RECEIVE BENEFITS FROM, A STATE OTHER THAN MICHIGAN? ..... YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES," WHICH STATE? _____ C. HAVE YOU WORKED IN ANOTHER STATE, GUAM, PUERTO RICO, OR THE VIRGIN ISLANDS? ..... YES <input type="checkbox"/> NO <input type="checkbox"/> <b>Continue with Item 32 on the Reverse Side.</b>																									
<b>31. — DO NOT WRITE IN THIS AREA — FOR BUREAU USE ONLY —</b>																									
FIPS CITY CODE		FILING DATE		BYB DATE		OCCUPATION CODE																			
FIPS COUNTY CODE		PROFILE	CLAIM TYPE		PROCESS TYPE																				
			NEW <input type="checkbox"/> TC <input type="checkbox"/> AC <input type="checkbox"/>		I - UI <input type="checkbox"/> F - UC FE <input type="checkbox"/> C - CO-MINGLE <input type="checkbox"/> X - UCX <input type="checkbox"/>																				

SOCIAL SECURITY NUMBER

CK  
DIGIT

**LIST EACH EMPLOYER YOU WORKED FOR DURING THE LAST 18 MONTHS, BEGINNING WITH YOUR LAST EMPLOYER. INCLUDE ANY WORK PERFORMED FOR FEDERAL, STATE, OR LOCAL GOVERNMENT, AND ANY WORK PERFORMED IN OTHER STATES. DO NOT WRITE IN SHADED AREAS. PLEASE PRINT CLEARLY. USE BLACK INK.**

MOST  
RECENT

32. BUSINESS NAME		33. FIRST DAY WORKED		34. LAST DAY WORKED		EMPLOYER NUMBER (IF KNOWN)		MULTI-UNIT		CHECK DIGIT	
35. PAYROLL ADDRESS		36. CITY		37. STATE		38. ZIP CODE		39. COUNTY/STATE WORKED IN		40. AREA CODE and TELEPHONE NO.	
41. REASON FOR SEPARATION (Enter the reason number in the box) (1) LAID OFF/LACK OF WORK (8) STILL EMPLOYED FULL-TIME <input type="checkbox"/> (2) FIRED (9) FIRED FOR ANY OF THE FOLLOWING: (3) QUIT (4) RETIRED (Voluntarily) <input type="checkbox"/> WILDCAT STRIKE (5) RETIRED (Involuntarily) <input type="checkbox"/> IMPRISONMENT (6) LABOR DISPUTE <input type="checkbox"/> DRUGS <input type="checkbox"/> THEFT <input type="checkbox"/> Strike <input type="checkbox"/> Lockout <input type="checkbox"/> ASSAULT AND BATTERY (7) OTHER (Explain in Item 42) <input type="checkbox"/> WILLFUL DESTRUCTION		42. EXPLAIN THE REASON FOR YOUR SEPARATION.  43. JOB TITLE		44a. DO YOU EXPECT TO RETURN TO WORK FOR THIS EMPLOYER WITHIN 120 DAYS? .... <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," give date _____. If NO, you must register for work. See Instruction Sheet for details.		44b. ARE YOU REQUIRED TO OBTAIN EMPLOYMENT THROUGH A UNION HIRING HALL? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO		44c. DID YOU HAVE ANY OTHER LAYOFFS OR SEPARATIONS FROM THIS EMPLOYER DURING THE PAST 18 MONTHS? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," WHAT WERE YOUR GROSS EARNINGS WITH THIS EMPLOYER SINCE THAT LAYOFF OR SEPARATION? ..... \$ _____. (Approximate) IF "NO," WHAT WERE YOUR GROSS EARNINGS WITH THIS EMPLOYER IN THE PAST 18 MONTHS? ..... \$ _____. (Approximate)			

NEXT  
EMPLOYER

32. BUSINESS NAME		33. FIRST DAY WORKED		34. LAST DAY WORKED		EMPLOYER NUMBER (IF KNOWN)		MULTI-UNIT		CHECK DIGIT	
35. PAYROLL ADDRESS		36. CITY		37. STATE		38. ZIP CODE		39. COUNTY/STATE WORKED IN		40. AREA CODE and TELEPHONE NO.	
41. REASON FOR SEPARATION (Enter the reason number in the box) (1) LAID OFF/LACK OF WORK (8) STILL EMPLOYED FULL-TIME <input type="checkbox"/> (2) FIRED (9) FIRED FOR ANY OF THE FOLLOWING: (3) QUIT (4) RETIRED (Voluntarily) <input type="checkbox"/> WILDCAT STRIKE (5) RETIRED (Involuntarily) <input type="checkbox"/> IMPRISONMENT (6) LABOR DISPUTE <input type="checkbox"/> DRUGS <input type="checkbox"/> THEFT <input type="checkbox"/> Strike <input type="checkbox"/> Lockout <input type="checkbox"/> ASSAULT AND BATTERY (7) OTHER (Explain in Item 42) <input type="checkbox"/> WILLFUL DESTRUCTION		42. EXPLAIN THE REASON FOR YOUR SEPARATION.  43. JOB TITLE		44a. DO YOU EXPECT TO RETURN TO WORK FOR THIS EMPLOYER WITHIN 120 DAYS? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," give date _____.		44b. ARE YOU REQUIRED TO OBTAIN EMPLOYMENT THROUGH A UNION HIRING HALL? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO					

45. CHECK BOX IF YOU HAVE OR WILL RECEIVE ANY OF THE FOLLOWING PAYMENTS FOR ANY PERIOD AFTER YOUR LAST DAY OF WORK:  
☐ VACATION ☐ HOLIDAY ☐ BONUS ☐ PAYMENT IN LIEU OF NOTICE ☐ DISABILITY COMPENSATION ☐ SEVERANCE PAY ☐ SALARY CONTINUATION  
☐ OTHER \_\_\_\_\_ GROSS AMOUNT \$ \_\_\_\_\_ PERIOD COVERED: from \_\_\_\_\_ to \_\_\_\_\_

46. DID YOU WORK IN FAMILY EMPLOYMENT AS DEFINED BELOW? ..... ☐ YES ☐ NO  
 DEFINITION: EMPLOYMENT IN A BUSINESS OR CORPORATION IN WHICH THE MAJORITY INTEREST IS OWNED BY YOU ALONE; OR BY YOU TOGETHER WITH YOUR SON, DAUGHTER OR SPOUSE; OR BY ONE OR ANY COMBINATION OF THESE INDIVIDUALS; OR BY YOUR MOTHER AND/OR FATHER IF YOU ARE UNDER THE AGE OF 18.  
 IF YOU WERE EMPLOYED UNDER THE CONDITIONS STATED ABOVE DURING THE LAST 18 MONTHS, PLEASE GIVE THE NAME(S) OF THE BUSINESS(ES): \_\_\_\_\_

**NOTE: IF YOU HAD MORE THAN 2 EMPLOYERS DURING THE PAST 18 MONTHS, ATTACH A SEPARATE SHEET.**

47. YOUR CERTIFICATION: I HEREBY APPLY FOR A DETERMINATION OF MY UNEMPLOYMENT BENEFIT RIGHTS. I DECLARE THAT I AM A CITIZEN OF THE UNITED STATES OR I AM IN SATISFACTORY IMMIGRATION STATUS. I CERTIFY THAT ALL OF THE INFORMATION SUBMITTED BY ME ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THE LAW PROVIDES PENALTIES OF FINE, AND/OR IMPRISONMENT, AND/OR COMMUNITY SERVICE FOR FALSE STATEMENTS TO SECURE BENEFITS.

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ DATE D/E \_\_\_\_\_ INITIALS \_\_\_\_\_

**MAIL IMMEDIATELY**

UNSIGNED APPLICATIONS  
CANNOT BE PROCESSED  
\*INCLUDE REQUIRED DOCUMENTS.

Allow 5 days for mail delivery. If not received by the Bureau by the Friday following the week containing your last day of work, this claim will be effective with the week in which it is received. Mail to P.O. Box 5050, Saginaw, Michigan 48605-5050.



State of Michigan  
Department of Consumer & Industry Services  
BUREAU OF WORKERS' & UNEMPLOYMENT COMPENSATION

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### NOTICE TO REGISTER FOR WORK

If you do not have a definite return to work date from your last employer that is within 120 days from your last day worked, you must register for work to be eligible for unemployment benefits. To register, your résumé must be placed in Michigan's Talent Bank (MTB) on the Internet two to three business days **before** your first call to Michigan's Automated Voice Interactive Network, (MARVIN). You may enter your résumé directly on the Internet at [www.talentfreeway.org](http://www.talentfreeway.org). Paper applications are also available at Michigan Works! Agency (MWA) service centers.

YOU MUST REPORT IN PERSON WITH THIS FORM TO AN MWA SERVICE CENTER TO VERIFY YOU REGISTERED FOR WORK BY PLACING YOUR RÉSUMÉ ON THE MTB WEBSITE ON THE INTERNET. Call 1-800-285-WORK to be connected with the MWA nearest you. The MWA must stamp this form with résumé data entry date and return it to you. The MWA will notify the Bureau that you have registered for work. Keep this form for the duration of your benefit year (1 year) as proof that you have registered for work. Your benefit payment may be affected later if your registration cannot be proven.

MICHIGAN WORKS! INSIGNIA W/DATA ENTRY DATE

Do not return this form with your application for benefits. Take this form to an MWA Service Center if you must register for work.

UC 1509-M  
(8-2002)

— CUT HERE —

— CUT HERE —

— CUT HERE —



State of Michigan  
Department of Consumer & Industry Services  
BUREAU OF WORKERS' & UNEMPLOYMENT COMPENSATION

### ALIEN CONSENT OF DISCLOSURE

If you are not a United States Citizen or National, you must complete and return this form **and** copies of the front and back of your INS document(s) **with** your application for unemployment benefits to be eligible for unemployment benefits. You must send clear copies of the front and back of your INS document(s) containing your Alien Registration Number and Expiration Date of that registration.

I freely and voluntarily waive the confidentiality provision of the Immigration Reform and Control Act of 1986 (IRCA) to permit the Immigration and Naturalization Service (INS) to provide the State of Michigan, Bureau of Workers' & Unemployment Compensation, with my alien status for purposes of determining my eligibility for unemployment benefits.

I understand that the IRCA precludes the INS from using, publishing, or making available information related to my application for adjustment to temporary residence except as provided by law (confidentiality provision).

Name of INS Document: \_\_\_\_\_

Alien Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Print Your Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remove and return this form with your application if you are not a United States citizen.